

BRIDGE WAIVER CODES, MODIFIERS, FEES 10/01/2012

IN-HOME THERAPY								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0040 UA	In-Home Therapy, Per Encounter, Waiver Service	28	Fee Schedule	\$110.00	006	017	Y	Encounter rate includes all pre and post activities; 50 minutes minimum per encounter; one encounter per day <u>EXCEPT</u> for wraparound team meetings.
H0040 UA HQ	In-Home Therapy, (for wraparound team meetings, include additional modifier); Waiver Service	28	Fee Schedule	\$110.00	006	017	Y	Only one wraparound team meeting per youth/per day; include additional modifier after UA modifier.
RESPIRE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S5150 UA	Respite Care, Per 15 Minutes; Waiver Service	28	Fee Schedule	\$5.32	000	017	Y	
S5151 UA	Respite Care, Per Diem; Waiver Service	28	Fee Schedule	\$200.00	006	017	Y	Rate is for 24 hour, overnight respite provided in a therapeutic group home or shelter care (or similar provider settings).
EDUCATION & SUPPORT								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
G0177 UA	Training & Education Services Related To Care & Treatment of Mental Health Problems; Per Session, Waiver Service	28	Fee Schedule	\$75.00	006	017	Y	Curriculum must be approved by the Department (CMHB, Program Director).
NON-MEDICAL TRANSPORTATION								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S0215 UA	Non-Medical Transportation, Per Mile; Waiver Service	28	Fee Schedule	\$0.33	006	017	Y	
CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
90899 UA	Call TO A PSYCHIATRIST by a Physician or Mid-Level Practitioner For Consultation; Waiver Service	28	Fee Schedule	\$120.00 \$ 80.00	006	017	Y	Psychiatrist is paid \$120; consulting physician or mid-level practitioner is paid \$80.
SUPPLEMENTAL SUPPORTIVE SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
T1999 UA	Therapeutic Items and Supplies; Waiver Service	28	Fee Schedule	\$1000.00	006	017	Y	\$1000 per enrollment year/youth.
FAMILY SUPPORT SPECIALIST								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S9482 UA	Family Support Specialist, Per 15 Minutes; Waiver Service	28	Fee Schedule	\$14.00	006	017	Y	Use this code, per 15 minutes, also when attending wraparound team meetings.

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	CAREGIVER PEER-TO-PEER SUPPORT SERVICE							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0038 UA	Caregiver Peer-to-Peer Support Service, Per 15 Minutes; Waiver Service	28	Fee Schedule	\$11.00	006	017	Y	Adult (Caregiver) Peer-to-Peer only.
	WRAPAROUND FACILITATION SERVICE	28						
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0039 UA	Wraparound Facilitation Service, Per 15 Minutes; Waiver Service	28	Fee Schedule	\$15.00	006	017	Y	Refer to the HCBS Bridge Waiver Provider Policy Manual for billable activities.
H0039 UA HQ	Wraparound Facilitation Service (for non-face-to-face care coordination, please include this modifier) ; Waiver Service	28	Fee Schedule	\$15.00	006	017	Y	When billing for non-face-to-face care coordination, please include additional modifier after UA modifier .
	GEOGRAPHICAL FACTOR							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
A0160 UA	Per Mile (based on traveling more than 25 miles from the home office, excludes satellite offices)	28	Fee Schedule	\$0.50	006	017	Y	Only available for Wraparound Facilitators, Family Support Specialists, Peer-to-Peer Specialists & In-Home Therapists.

PA = All services require “Prior Authorization” from the Plan Manager.